

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <u>09731703</u>		FILING DATE <u>02-12-01</u>	
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	/		/		/		51		
2		/		/		/	52		
3	/	/	/	/	/	/	53		
4				/		/	54		
5				/		/	55		
6				/		/	56		
7				/		/	57		
8				/		/	58		
9				/		/	59		
10				/		/	60		
11				/		/	61		
12				/		/	62		
13				/		/	63		
14				/		/	64		
15				/		/	65		
16				/		/	66		
17				/		/	67		
18				/		/	68		
19				/		/	69		
20				/		/	70		
21				/		/	71		
22				/		/	72		
23				/		/	73		
24				/		/	74		
25				/		/	75		
26				/		/	76		
27				/		/	77		
28				/		/	78		
29				/		/	79		
30				/		/	80		
31				/		/	81		
32				/		/	82		
33				/		/	83		
34				/		/	84		
35				/		/	85		
36				/		/	86		
37				/		/	87		
38				/		/	88		
39				/		/	89		
40				/		/	90		
41				/		/	91		
42				/		/	92		
43				/		/	93		
44				/		/	94		
45				/		/	95		
46				/		/	96		
47				/		/	97		
48				/		/	98		
49				/		/	99		
50				/		/	100		
TOTAL IND.	2		2		4		TOTAL IND.		
TOTAL DEP.	2		10		10		TOTAL DEP.		
TOTAL CLAIMS	4		12		14		TOTAL CLAIMS		